

PRINTED: 02/04/2016  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  02/01/2016
NAME OF PROVIDER OR SUPPLIER  CLAIBORNE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879			
(X4) ID PREFIX TAG  N 835	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  N 835	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 835	<p>1200-B-6-.08 (5) Building Standards</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure alterations to the facility were made without prior approval from the Department of Health.</p> <p>The finding includes:</p> <p>Observation and interview with the maintenance director on 2/1/16 at 10:00 AM revealed the facility had in place a wanderguard system on exit doors that had not been submitted and approved by TDOH.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator</p>	N 835	<p>N 835</p> <p>With the current Wanderguard Resident Safety System we have an emergency escape plan with the following interventions: (1) a staff member cuts the Wanderguard bracelet from the resident or the staff member presses 2 keys on an existing keypad mounted at the door to prevent impeded escape/entrapment. The facility elects to upgrade and install a delayed egress and panic devices system and have received quotes for an acceptable system. Corporate licensed architects and/or licensed engineers are in the process of preparing plans and specifications for installation of the replacement system in accordance with the rules of the Board of Architectural and Engineering Examiners for submission to the State for review and acceptance. A letter requesting a waiver for continued temporary use of the current Wanderguard Resident Safety System until the new magnetic locking hardware</p>		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

78BB21

If continuation sheet 1 of 2

Division of Health Care Facilities

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STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(K1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

TN1301

(K2) MULTIPLE CONSTRUCTION

A. BUILDING: D1 - MAIN BUILDING D1

B. WING:

(K3) DATE SURVEY  
COMPLETED

02/01/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLAIBORNE COUNTY NURSING HOME

1850 OLD KNOXVILLE ROAD  
TAZEWELL, TN 37670

(K4) ID  
PREFIX  
TAG

SUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID  
PREFIX  
TAG

PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(K5)  
COMPLETION  
DATE

N 835

1200-8-6-.08 (5) Building Standards

N 835

N 835 Continued

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This Rule is not met as evidenced by:  
Based on observation, interview, and record review, the facility failed to ensure alterations to the facility were made without prior approval from the Department of Health.

The finding includes:

Observation and interview with the maintenance director on 2/1/16 at 10:00 AM revealed the facility had in place a wanderguard system on exit doors that had not been submitted and approved by TDOH.

This finding was verified by the maintenance director and acknowledged by the administrator

system is submitted through the proper channels; approved by the appropriate State entity is being submitted to Mr. Nelson Rodriguez, State of Tennessee Fire Safety Supervisor. Once approval from Plans Review is received, installation of the new system will be completed within 6 (six) weeks. We seek this waiver in the interest of our Resident's who wander and are on the second floor with door access to unmonitored stairwells.

Responsible Person: Facility Safety Officer  
Completion Date: 3/4/2016 for Architectural/Engineering plans to be submitted to the State of Tennessee. Installation of the new approved magnetic locking hardware system and removal of the current Wanderguard Resident Safety System will be completed within 6 (six) weeks of receipt of State approval.

6/01/16  
waiver

request

2-26-16

Division of Health Care Facilities  
REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

LMHA

FORM

6902

788821

If continuation sheet 1 of 2

## Division of Health Care Facilities

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N 835	Continued From page 1 during the exit conference on 2/1/16.	N 835		
N 848	1200-8-6-.08 (18) Building Standards  (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure all areas required were provided with negative air pressure.  The findings include:  Observation and interview with the maintenance director on 2/1/16 between 11:20 AM and 1:29 PM revealed the following areas were not provided with required negative air pressure;  1. Janitor's closet, B hall, first floor. 2. Hopper/bio-hazard room on first and second floors. 3. Second floor janitor's closet.  These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/1/16.	N 848  N 848  To resolve this deficiency, the Nursing Home Housekeeping Staff will be trained by maintenance on how to check and log negative airflow. Daily negative pressure airflow will be check and documented in the log daily by housekeeping in the following areas: (1) the NH Janitor's closet, B hall, first floor, (2) Hopper/bio-hazard room on first and second floors and (3) second floor janitor's closet, ensuring that negative pressure is maintained consistently. Maintenance department personnel will conduct weekly checks to verify process. Responsible Person: Facility Safety Manager Completion Date: Applicable staff to be educated by 2/26/2016. Daily / weekly checks and documentation of results are to be initiated 2/29/16.		

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